

## ARKANSAS INSURANCE DEPARTMENT LICENSE DIVISION

1 Commerce Way, Ste 104 Little Rock, AR 72202 PHONE: 501-371-2750

Website: <a href="https://insurance.arkansas.gov/pages/industry-regulation/licensing/">https://insurance.arkansas.gov/pages/industry-regulation/licensing/</a>

Email: Insurance.License@arkansas.gov

## LICENSE SURRENDER FORM

**INSTRUCTIONS**: Completed/signed form may be scanned/emailed (address above). All areas of this form that relate to the individual or the agency must be completed. If information does not apply, then mark the section N/A. WE MUST HAVE A PHYSICAL ADDRESS FOR THE RESIDENCE. Use a separate form for each license type, individual or agency – do not combine an individual and an agency on the same form. Combinations will not be processed. This form must be completed in ink, typed, or computer generated. The form must be legible, or it will not be processed. This form must be signed in order to be effective.

INDIVIDUAL:				
Name:				
Arkansas License Number: _				
License Type:Producer				
Current Mailing Address:				
Current Residence Address:				
	Street Number and Name	City	State	Zip
Please accept this as my reg status to inactive.	quest to voluntarily surrender my A	rkansas producer li	cense and ch	ange my license
		Dated:		
Licensee's Signature				
BUSINESS ENTITY (AGE	NCY):			
Name:				
Arkansas License Number: _				
Current Mailing Address:				
Current Physical Address:				
	Street Number and Name	City	State	Zip
	quest to voluntarily surrender the corized to act on behalf of the above			
		Dated:		
Signature of Authorized Age	ncy Representative			
Printed Name of Authorized	Agency Representative			